

MINUTES: State Collaborative for System of Care
CHAIRPERSONS: Joel Rosch and Pat Solomon
LOCATION: Governors Crime Commission

DATE: August 23, 2002
START TIME: 9:00 a .m.
END TIME: 11:00 a.m.

NAME	PRESENT	NAME	PRESENT	NAME	PRESENT
Al Deitch, DOA-YA&I		Joann Haggerty, CAI		Stephanie Nantz, GCC	
Austin Connors, CFSA-NC	X	JoAnn Lamm, DSS		Steve Shore, NCPS	
Beth Melcher, NCAMI		Joel Rosch, CCFP		Susan Coleman, WCH	
Beverly Hester, WCH		John R. Hayes, F.United		Susan Robinson, DMH-CF	
Brad Trotter, DHOH-DMH	X	John Tote, MHA		Susan Whitten, DJJDP	
Carol Duncan-Clayton, CCP		Kirstin Frescoln, AOC		Tara Larson, DMH/DD/SA	X
Carol Robertson, DMA	X	Lana Dial, AOC		William Hussey, MHPC	
Carol Tant, WCHS		Larry Hayes, DJJDP			
Carolyn Wiser, DMA		Lee Lewis, DMH-SA			
Cheryl Waller, CSHS		Linda Gunn-Jones, DMH		OTHERS:	
Chuck Harris, DSS		Linda Swann, NAMI		Alicia Graham	
Connie Hawkins, ECAC		Lynda Richard, DMH-DD	X	Antonio Coors	
David Horowitz, TPC		Mark Ezzell, GCC		Barbara Thomas, DMH	
Diann Irwin, DPI	X	Mark O'Donnell, DMH/CF		Joy Gossett, DSS	
Don Herring, DMH-CFS		Martin Pharr, DJJDP		Dr. Richard Visingardi	
Donn Hargrove, DJJDP	X	Michael Owens, NCCCP	X	Miriam Saxon AOC	
Elizabeth Brown, DMH		Michael Schweitzer, DJJDP		Karen Taylor-George DOC	
Jan Hood, AOC	X	Michelle Zechmann, GCC		Charlotte Craver, Value Options	X
Jane Volland, GAL		Pat Solomon, F.United	X	Adolph Simmons, DSS	X
Jennifer Mahan, MHANC	X	Robin Huffman, NCPA	X	Morris Godwin, DMH-DD	X
Jennifer Sullivan, NASW		Sally Cameron, NCPA		Jim ?, Governor's Crime Commission	X
Judy Ritchie, MHA	X	Sandra Sink, DSS	X		
Joan DeBruyn, DMH		Stephanie Alexander, DMH			

TOPIC	DISCUSSION/FINDINGS	ACTION by Whom and When
(1) Welcome & Introductions (2) Approval of Minutes	Pat Solomon opened the meeting and led introductions. The minutes were approved from the last meeting. Sandra Sink told the group about the DSS newsletter called <u>Practice Notes</u> which has information about family centered practices. The web site is http://www.dhhs.state.nc.us/dss/childrenservices	
(3) Prevention Presentation and Basic Template (Lee Lewis and Morris Godwin)	Morris Godwin presented the Institute of Medicine model of prevention for substance abuse services. He provided a handout. This model is based on risk factors and person centered services. Since there is no funding from the NC legislature for prevention programs, the ones in North Carolina are through the federal Substance Abuse Block Grant. 20% of this is used for prevention. The LME's can only use the 20% for prevention. I am unsure of this and Lee should be consulted but if LMEs are using Federal Prevention money for treatment, they are breaking Fed. Laws. Few of the NC prevention intervention programs have done the research to demonstrate that they are	

	<p>effective. Information about nationally recognized model sites can be found on federal web sites for substance abuse, juvenile justice and education.</p>	
(4) State Plan Update	<p>Tara Larson gave the state plan update. She emphasized that the state plan requires a cross disability prevention focus. Both the House and Senate budgets contain a special provision for an office of prevention to be established. There will be specific positions for prevention specialists. Competency, licensure and organization will be established.</p> <p>There are 21 area programs that are in -Phase 1 of the implementation of the State Plan. Division staff are assigned to these programs to help them. All areas are developing local business plans which are due January and April, 2003. Mental health agencies are required to involve other local public agencies in the development of their local business plan. This is required in order to have the plan certified.</p> <p>A stakeholder group has been created to advise about the reorganization in the division. Pat Solomon and Joel Rosch are both members of this group. There is also a position being created concerning customer advocacy which will be part of the Executive Steering Committee for the Division but will report directly to the Secretary. By January 1, 2003 there will not be separate sections around disabilities in the division. Instead it will be arranged around Community Services, Administration, Customer Services, and State Facilities. The funding system will change to support these practices.</p> <p>The quarterly report was delivered to the legislative oversight committee.</p> <p>Mental Health Local Management Entities (LMEs) will have to decide whether to be a county program or an area program (continues service delivery). The area boards will continue if it is an area program. If the program is a single county program, the county commissioners will be the advisory board. However there is a requirement of either 5 counties or 200,000 population per LME. Letters of intent are due this fall. Each area program is required to have a family and client advisory committee. Lenoir, Duplin and Sampson have merged. Other likely mergers are Rutherford/Polk/Blue Ridge/ Trend; Albemarle/Roanoke/Chowan; Edgecombe/Nash/Wilson/Green/Riverstone.</p> <p>The CTSP provision is still in existence with the requirements of the MOAs, etc.</p>	
(5) Presentation on the Training Recommendations made by MHA (Judy Ritchie)	<p>Judy Ritchie presented the group with an Executive Summary of the recommendations. The recommendations identified the need for cross-agency training in the same set of competencies. MHA has already developed a list of training curricula and trainers who could provide this training. The report recommends that the State Collaborative look at the local community collaboratives training plans and how it can support those. The MHA has trained some family members who could help with training of agencies. Training should be implemented quickly with a good</p>	<p>Committee that is developing staff competencies in "rules" should have access to this report to be sure that there is not a conflict.</p>

	<p>evaluation process.</p> <p>Don sent this report to everyone on the State Collaborative as soon as he received it, so you should have it.</p>	
<p>(6) Collaborative Standing Committee Update</p> <p>Assessment</p> <p>Training</p> <p>Evaluation</p>	<p>Training Committee Report – Michael Owens. The committee looked at the complete report of the MHA and supported the majority of the report. The committee needs more time in order to decide which portions can be totally supported and which are problematic. The committee suggests that a strategy be developed for looking at the local community collaborative training plans. The committee is developing a grid that gives information about how system of care principles are being implemented in the different agencies. The committee recommends that the State Collaborative look closely at the early intervention programs that exist in the state through the Division of Health as having excellent practices for working with children and families. The committee also suggests that the State Collaborative take a more assertive approach to encouraging people to collapse collaborative efforts in the community. Pat will send out info requesting where this has been done effectively. Once a community is identified that has effectively collapsed collaborative efforts, they will be asked to present how they did this to the State Collaborative.</p> <p>Evaluation Committee – Adolph Simmons reported that the committee is trying to determine what types of reports and data each agency has available. Presentations have been made to the committee by the various agencies. They are planning to put together a report by the October meeting. Adolph gave out a preliminary analysis of At Risk Mental Health Children in December, 2001 correlated to children within DSS services who had been abused or neglected and received an out of home placement. There was discussion about prevention and child and family teams.</p> <p>Assessment Committee – Sandra Sink reported that the agencies are trying to create a grid of assessments. Agencies often assess what is happening rather than the functioning of the individuals. They are educating each other. There are also two family members who are giving them the family perspective.</p>	<p>Identify how to look at the local community collaborative training plans in order to assess their needs and how to support them.</p> <p>Collaborative chairs – Send out a request to local collaboratives to identify where collaborative efforts have been successfully collapsed.</p> <p>Michael Owens – Work with people and committee creating rules around staff competencies to be sure that there is no conflict with competencies in the MHA report.</p>
(7) Other Business	<p>State facilities will now serve persons with multiple diagnoses more collaboratively and will work together to do so.</p> <p>The Division of MH/SA/DD and the Division of Medical Assistance are meeting regularly to workout ways to create rates to fund needed services.</p> <p>There was also a discussion of the group home legislation and its problems.</p>	
(8) Next Meeting	<p>The State Collaborative working group will meet September 13 at the North Carolina Child Advocacy Institute. The next full State Collaborative meeting will be on September 27 and the site is not determined at this time.</p>	